

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		3/30/00
O.I.P.E. CLASSIFIER		5	43-00
FORMALITY REVIEW	<i>ED</i>	64934	52400
RESPONSE FORMALITY REVIEW	<i>ED</i>	64934	8/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-22-00
2	✓	✓	4/26/03
3	✓	✓	10/22/00
4	✓	✓	3/12/04
5	✓	✓	6/17/04
6	✓	✓	
7	✓	✓	
8	0	0	
9	0	0	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	0	0	
15	0	0	
16	0	0	
17	0	0	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	0	0	
22	0	0	
23	✓	✓	
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25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	0	0	
34	0	0	
35	0	0	
36	✓	✓	
37	✓	✓	
38	0	0	
39	0	0	
40	0	0	
41	✓	✓	
42	✓	✓	
43	0	0	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	0	0	
48	✓	✓	
49	0	0	
50	✓	✓	

Claim	Final	Original	Date
51	0	0	10-22-00
52	0	0	4/26/03
53	0	0	10/22/00
54	0	0	3/12/04
55	0	0	6/17/04
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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